APPLICATION FOR APPROVED PROVIDER OR AFFILIATE PROVIDER

SEX OFFENDER OUTPATIENT SERVICES

Name:_____ Date:_____

Agency/Clinic Affiliation (if any)_____

Agency/business owner_____

Address of Agency _____

City, State and Zip _____

Email: _____ Phone: _____

Is applying for status indicated below, as given recognition by the Utah Department of Corrections: (Check the one that applies)

 – Approved Provider

 – Approved Affiliate Provider

 – Approved Evaluator

 – Emeritus Provider

APPROVED PROVIDER APPLICANTS: the following is required

- Read and agree to the UDC (Utah Department of Corrections) Sex Offender Outpatient Treatment Provider Parameters
- Enclose a complete program description
- A Completed application for Approved Provider or Affiliate Provider of sex offender outpatient services
- Notarize below for Approved Provider or Evaluator status; this will serve as the prior Certificate of Compliance

- Enclose an approved Provider/Affiliate Agreement
- **Approved Provider for Evaluations Only**: MUST be a Psychologist and can skip numbers 3-5, while abiding by APA ethics and standards

AFFILIATE PROVIDER APPLICANTS- the following is required;

- Read and agree to the UDC Sex Offender Outpatient Treatment Provider Parameters
- Enclose a complete program description
- A Completed application for Approved Provider or Affiliate Provider of sex offender outpatient services
- Enclose an approved Provider/Affiliate Agreement

1) Licensure: _____

(Attach a photo-copy of current Utah license(s))

2) Educational Background(Graduate only)**:** _____

_____

_____

3) Non-Licensed Affiliate Candidates:

Describe your current status that qualifies your application for an affiliate provider as per the Utah Department of Corrections professional qualification found in the Sex Offender Outpatient Treatment Provider Parameters:

_____

_____

_____

4) Affiliate Applicant:

Attach copies of a current graduate student university transcript and/or an internship transcript or other official documentation from your University clearly documenting your status.

5) Approved provider only – not required for affiliate status:

Hours of direct clinical experience over the past two years to include a minimum of 1000 hours, with 180 hours of sex offender evaluation. This should be a direct

evaluation experience such as: supervision exclusively focused on sex offender assessment or evaluation; progress reports; progress interviews; administration and/or interpretation of risk assessment instruments, PPG, and other psychological or sex-specific testing utilized in a psycho-sexual evaluation. The treatment and evaluation experience should be documented below. And notarize this application packet. Source documentation must be available for inspection upon request. PLEASE NOTE: Progress notes and clinical staff meetings will not be included in the area of sex offender evaluation.

Sex offender treatment experience (1000 hours)

Sex offender evaluation experience (180 hours).

6) Within three years immediately preceding application for approval as a sex offender treatment provider, the applicant has at least 26 hours of formal training through documented conferences, symposia, seminars or course work ***directly related to the evaluation and treatment of sex offenders***. Said training may include behavioral/cognitive therapy methods, reconditioning and relapse prevention, use of plethysmograph examinations (the exam should use audio stimuli only, no visual, until approved otherwise), use of polygraph examinations, group therapy, sexual dysfunction, victimology, couples and family therapy, risk assessment, sexual addiction, sexual deviancy, and ethics and professional standards. Nineteen of these 26 hours must be sex offender treatment specific.

Please detail compliance with the requirements contained in paragraph number two by specifically identifying the date, sponsor, subject matter, location, and number of hours for each training session. Attach records documenting compliance, where available.

SEX OFFENDER SPECIFIC TRAINING:

Date	CEU's	Subject	Instructor(s) Credentials

TOTAL SEX OFFENDER CEU'S _____

GENERAL CLINICAL TRAINING

Date	CEU's	Subject	Instructor(s) Credentials

TOTAL GENERAL CLINICAL TRAININGS (7 HOURS MAY BE APPLIED TO THE 26 HOURS OF REQUIRED TRAINING): _____

(Please attach verification of formal training, Use additional sheets as needed.

7) Please attach a complete description of your treatment program, clearly identifying the Intake, Standard and Intensive components and aftercare.

8) Please list any criminal convictions, licensing actions, ethical questions or complaints:

_____

_____

_____

_____

9) Affiliate Provider Candidates, complete sections **A and B**. Providers proceed to number 10.

Signature:

A) Name of Approved Provider supervising work:

_____

B) Please have your Approved Provider read and sign the following statement:

I certify that I am an Approved Provider for Outpatient Sex Offender Treatment for offenders under the supervision of the Utah Department of Corrections, Division of Field Operations and have read and understand the criteria adopted by the Division. I further certify that I will provide a minimum of one hour of supervision for every forty hours of direct client contact the Affiliate Provider shall provide. Furthermore, I shall provide verification of this supervision to the Department upon request.

_____/_____

Approved Provider Signature (for Affiliate Candidates only) Date

_____/_____

Signature of Applicant Date

10) I hereby declare under the penalty of perjury that the information I have provided in this certification is true and correct, and that I have fully satisfied the sex offender treatment experience and training requirements outlined in paragraphs five and six, above.

DATED this_____(day), _____(month), _____(year).

Applicant's Signature _____

Applicant's Full Name (printed)_____

SUBSCRIBED AND SWORN to before me this DATED this_____(day),

_____(month), _____(year).

NOTARY PUBLIC
Residing in:
My Commission expires: